### Case 18-12361 Doc 1 Filed 04/27/18 Entered 04/27/18 10:57:25 Desc Main Document Page 1 of 61

| Fill in this information to identify your case: |                                       |                                 |
|---|---------------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                       |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                                     |                                 |
| Case number (if known)                          | Chapter you are filing under:         |                                 |
|   | ☐ Chapter 7                           |                                 |
|   | ☐ Chapter 11                          |                                 |
|   | ☐ Chapter 12                          |                                 |
|   | Chapter 13                            | Check if this an amended filing |
|   | ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 |                                 |

### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1:                           | Identify Yourself   |  |   |   |
|-----|---------------------------------|---|--|---|---|
|     | _                               |   | About Debtor 1:                                    | , | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your                            | full name   |  |   |   |
|     | your<br>pictu<br>exam<br>licens | e the name that is on<br>government-issued<br>re identification (for<br>nple, your driver's<br>se or passport). | Joyce First name  S Middle name                    |   | First name  Middle name                       |
|     | ident                           | g your picture<br>ification to your<br>ing with the trustee.  | Klinowski Last name and Suffix (Sr., Jr., II, III) | Ī | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  |                                 | ther names you have<br>I in the last 8 years  |  |   |   |
|     |                                 | de your married or<br>en names.   |  |   |   |
| 3.  | your<br>num<br>Indiv            | the last 4 digits of<br>Social Security<br>ber or federal<br>ridual Taxpayer<br>tification number               | xxx-xx-2457  |   |   |

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Debtor 1 Joyce S Klinowski

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 1. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|    |   | EINs  | EINs   |
| 5. | Where you live  | 237 Amberwood Ct.<br>Bloomingdale, IL 60108   | If Debtor 2 lives at a different address:  |
|    |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |   | DuPage  |  |
|    |   | County  | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |   |   |  |

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Debtor 1 Joyce S Klinowski

Case number (if known)

| ar  | t 2: Tell the Court About Y  | Your B      | ankruptcy Ca                     | ise                                |   |                             |  |                          |                   |                 |
|-----|--|-------------|----------------------------------|------------------------------------|---|-----------------------------|--|--------------------------|-------------------|-----------------|
| 7.  | The chapter of the Bankruptcy Code you are   |             |                                  |                                    | of each, see <i>No</i> f page 1 and che |                             | ed by 11 U.S.C. § 3<br>opriate box.                                | 342(b) for Individua     | als Filing for B  | ankruptcy       |
|     | choosing to file under   | ☐ Chapter 7 |                                  |                                    |   |                             |  |                          |                   |                 |
|     |  | □ c         | hapter 11                        |                                    |   |                             |  |                          |                   |                 |
|     |  | ☐ C         | hapter 12                        |                                    |   |                             |  |                          |                   |                 |
|     |  | ■ CI        | hapter 13                        |                                    |   |                             |  |                          |                   |                 |
| 3.  | How you will pay the fee   |             | about how yo                     | ou may pay. Typ<br>attorney is sub | oically, if you are                     | paying the f                | check with the cle<br>fee yourself, you m<br>ir behalf, your attor | nay pay with cash,       | cashier's ched    | ck, or money    |
|     |  |             |                                  |                                    | tallments. If you                       |                             | s option, sign and a   | attach the Applica       | tion for Individu | uals to Pay     |
|     |  |             | I request that<br>but is not req | nt my fee be wa<br>uired to, waive | aived (You may r<br>your fee, and ma    | equest this<br>y do so only | option only if you a   | less than 150% of        | the official po   | verty line that |
|     |  |             |                                  |                                    |   |                             | fee in installments (Official Form 103                             |                          |                   | must till out   |
| ).  | Have you filed for bankruptcy within the   | ■ No        |                                  |                                    |   |                             |  |                          |                   |                 |
|     | last 8 years?  | ☐ Ye        |                                  |                                    | ,                                       | Mhon                        |  | Cooo number              |                   |                 |
|     |  |             | District<br>District             |                                    |   | When<br>When                |  | Case number  Case number |                   |                 |
|     |  |             | District                         | -                                  |   | When                        |  | Case number              |                   |                 |
|     |  |             | Biotilot                         |                                    |   |                             |  |                          |                   |                 |
| 10. | Are any bankruptcy   | ■ No        | )                                |                                    |   |                             |  |                          |                   |                 |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye        | es.                              |                                    |   |                             |  |                          |                   |                 |
|     |  |             | Debtor                           |                                    |   |                             |  | Relationship to yo       | ou                |                 |
|     |  |             | District                         |                                    |   | When                        |  | Case number, if k        | nown              |                 |
|     |  |             | Debtor                           |                                    |   |                             |  | Relationship to yo       | ou                |                 |
|     |  |             | District                         |                                    |   | When                        |  | Case number, if k        | nown              |                 |
| 11. | Do you rent your residence?  | ■ No        | Go to I                          | ine 12.                            |   |                             |  |                          |                   |                 |
|     |  | ☐ Ye        | es. Has yo                       | our landlord obta                  | ained an eviction                       | judgment a                  | gainst you?  |                          |                   |                 |
|     |  |             |                                  | No. Go to line                     | 12.                                     |                             |  |                          |                   |                 |
|     |  |             |                                  | Yes. Fill out In this bankrupto    |   | bout an Evid                | ction Judgment Ag  | ainst You (Form 1        | 01A) and file in  | as part of      |
|     |  |             |                                  |                                    |   |                             |  |                          |                   |                 |

Document Page 4 of 61 Case number (if known) Debtor 1 Joyce S Klinowski Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

# or a building that needs urgent repairs?

For example, do you own perishable goods, or livestock that must be fed,

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Joyce S Klinowski

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Joyce S Klinowski **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 100-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million ■ \$0 - \$50.000 □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Joyce S Klinowski Signature of Debtor 2 Joyce S Klinowski Signature of Debtor 1 Executed on Executed on April 27, 2018 MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Joyce S Klinowski Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Kathleen Vaught                                  | Date          | April 27, 2018   |  |
|--|---------------|------------------|--|
| Signature of Attorney for Debtor                     |               | MM / DD / YYYY   |  |
| Kathleen Vaught 2892790 - IL                         |               |                  |  |
| Printed name   |               |                  |  |
| Kathleen Vaught, PC                                  |               |                  |  |
| Firm name  |               |                  |  |
| 600 W. Roosevelt Rd., Suite B-1<br>Wheaton, IL 60187 |               |                  |  |
| Number, Street, City, State & ZIP Code               |               |                  |  |
| Contact phone <b>630-871-9100</b>                    | Email address | attykv@yahoo.com |  |
| 2892790 - IL   |               |                  |  |
| Bar number & State                                   |               |                  |  |

|                    |                          | Docume            | ent Page 8 of 61 |                       |   |
|--------------------|--------------------------|-------------------|------------------|-----------------------|---|
| Fill in this infor | mation to identify your  | case:             |                  |                       |   |
| Debtor 1           | Joyce S Klinows          | ki                |                  |                       |   |
|                    | First Name               | Middle Name       | Last Name        |                       |   |
| Debtor 2           |                          |                   |                  |                       |   |
| Spouse if, filing) | First Name               | Middle Name       | Last Name        |                       |   |
| Jnited States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                       |   |
| Case number        |                          |                   |                  |                       |   |
| if known)          |                          |                   |                  | ☐ Check if this is ar | 1 |
|                    |                          |                   |                  | amended filing        |   |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | V            |                               |
|-----|--|--------------|-------------------------------|
|     |  | Your a       | ssets<br>of what you own      |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 175,000.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 6,826.00                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 181,826.00                    |
| Par | t 2: Summarize Your Liabilities  |              |                               |
|     |  |              | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 126,672.48                    |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$           | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 40,829.88                     |
|     | Your total liabilities   | \$           | 167,502.36                    |
| Par | t 3: Summarize Your Income and Expenses  |              |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 2,348.03                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 2,173.05                      |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other scl | hedules.                      |
| 7.  | ■ Yes What kind of debt do you have?   |              |                               |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

| \$<br>0.00 |
|------------|
| _          |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total claim |      |
|--|-------------|------|
| From Fait 4 on Schedule E/F, copy the following.   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

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|---|--|--|--|--|---|--|--|
| this information to   | identify yo  | our case and t   |  |  |   |  |  |
|   |  |  | e Name   | Last Name  |   |  |  |
|   | ame  | Middl  | e Name   | Last Name  |   |  |  |
| States Bankruptcy   | Court for th   | e: NORTHEF   | RN DISTRICT OF ILLII   | NOIS   |   |  |  |
| number  |  |  |  | -  |   |  | Check if this is an amended filing   |
| category, separately its best. Be as comition. If more space is | B: Pro   | cribe items. List  | le. If two married people  | e are filing together, both are                            | equally responsible   | for supply   | ying correct   |
| o. Go to Part 2.  |  | able interest in a   | any residence, building,   | land, or similar property?                                 |   |  |  |
|   |  | otion  | Single-family I  | nome<br>ti-unit building                                   | the amount of any s   | secured cla  | aims on <i>Schedule D:</i>   |
|   | IL (   | 60108-0000<br>ZIP Code   | Land Investment pr   |  | entire property?<br>\$175,000   | .00 p  | urrent value of the ortion you own? \$175,000.00   |
|   |  |  | Who has an interest  Debtor 1 only   | t in the property? Check one                               | (such as fee simpl  | le, tenanc   |  |
| uPage   |  |  | Debtor 2 only  |  |   |  |  |
|   | this information to  1 Joyo First No. 2 if filing) First No. States Bankruptcy number  Cial Form 10  Category, separately its best. Be as compliant of the serving question.  Describe Each Reservery question.  Describe Each Reservery question.  On Go to Part 2.  States Bankruptcy  Describe Each Reservery question. | Joyce S Klinor First Name  First Name  States Bankruptcy Court for the number  Stal Form 106A/B  Pedule A/B: Proceedings of the process of th | It is information to identify your case and to a superior state of the sumber of the s | this information to identify your case and this filing:  1 | Document Page 10 of 61  this information to identify your case and this filling:    Joyce S Klinowski | Document Page 10 of 61  Initial Sinformation to identify your case and this filing:  1 | Document Page 10 of 61  his information to identify your case and this filling:    Joyce S Klinowski |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$175,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Deb           | tor 1 Joyce S Klinowski  | Document Page 11 of 61 Ca  | se number (if known)                  |  |
|---------------|--|--|---------------------------------------|--|
| 3. <b>C</b> a | ars, vans, trucks, tractors, sport utility ve  | ehicles, motorcycles   |                                       |  |
|               | No   |  |                                       |  |
|               | Yes  |  |                                       |  |
|               | Toursto  |  | Do not deduct secured                 | claims or exemptions. Put                                    |
| 3.1           | Camama   | Who has an interest in the property? Check one                                 | the amount of any secu                | ured claims on Schedule D:                                   |
|               | Model: Camry Year: 1998  | ■ Debtor 1 only  |                                       | laims Secured by Property.                                   |
|               | Approximate mileage: 211,000   | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                   | Current value of the entire property? | Current value of the portion you own?                        |
|               | Other information:   | ☐ At least one of the debtors and another                                      |                                       | ,  |
|               |  | _  | ¢2 000 00                             | <b>\$0,000,00</b>  |
|               |  | ☐ Check if this is community property (see instructions)                       | \$2,800.00                            | \$2,800.00   |
| 5 <b>A</b>    | ages you have attached for Part 2. Write   | vn for all of your entries from Part 2, including an that number here          |                                       | \$2,800.00   |
|               | 3: Describe Your Personal and Household In<br>you own or have any legal or equitable in  |  |                                       | Current value of the   |
| Б0 у          | you own or have any legal or equitable in  | iterest in any of the following items:   |                                       | portion you own? Do not deduct secured claims or exemptions. |
| E             | ousehold goods and furnishings  Examples: Major appliances, furniture, linens  No  No  No  No  No  No  No  No  No  N             | s, china, kitchenware  |                                       |  |
|               | Yes. Describe  |  |                                       |  |
|               | 5 Rooms of Fu  | rnishings  |                                       | \$800.00   |
| E             | lectronics<br>Examples: Televisions and radios; audio, vic<br>including cell phones, cameras, r<br>No<br>I No<br>I Yes. Describe | deo, stereo, and digital equipment; computers, printer<br>media players, games | rs, scanners; music collec            | ctions; electronic devices                                   |
| E             | other collections, memorabilia, co   | , prints, or other artwork; books, pictures, or other art bllectibles          | objects; stamp, coin, or t            | paseball card collections;                                   |
|               | Yes. Describe  |  |                                       |  |
| E             | musical instruments  | nd other hobby equipment; bicycles, pool tables, golf                          | clubs, skis; canoes and               | kayaks; carpentry tools;                                     |
|               | No<br>Yes. Describe  |  |                                       |  |
|               | Firearms   |  |                                       |  |
|               | Examples: Pistols, rifles, shotguns, ammun  No   | ition, and related equipment   |                                       |  |
|               | Yes. Describe  |  |                                       |  |

Official Form 106A/B Schedule A/B: Property page 2

Document Page 12 of 61 Case number (if known) Debtor 1 Joyce S Klinowski 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... **General Clothing** \$350.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,150.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash \$50.00 Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each □ No Institution name: Yes..... \$2,400.00 Checking U.S. Bank **Bloomingdale Bank** \$126.00 Checking 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership:

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Doc 1

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Desc Main

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Case number (if known) Document Debtor 1 Joyce S Klinowski 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☐ Yes. Give specific information.....

### 30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

☐ Yes. Give specific information...

| Debtor 1           | Joyce S Klinowski  | Document  | Page 14 of 61 Case number (if known)                     |                               |
|--------------------|--|---|--|-------------------------------|
|                    | <u> </u>   |   |  |                               |
|                    | ests in insurance policies<br>nples: Health, disability, or life in  | surance; health savings account   | (HSA); credit, homeowner's, or renter's insura           | nce                           |
| ☐ No               |  | -   |  |                               |
| ■ Yes              | s. Name the insurance company  |   | 5  |                               |
|                    | Compar   | ny name:  | Beneficiary:   | Surrender or refund<br>value: |
|                    | State F  | -arm  | Nephew   | \$300.00                      |
|                    |  |   |  |                               |
| If you             |  | you from someone who has di<br>rust, expect proceeds from a life i            | ied<br>nsurance policy, or are currently entitled to rec | eive property because         |
| _                  | s. Give specific information   |   |  |                               |
| _ 103              | s. Give specific information   |   |  |                               |
|                    |  | Aunt died three (3) years<br>Debtor received \$12,000.0<br>two (2) years ago. |  | \$0.00                        |
|                    |  | 0 (=/ ) 0 0 9 0   |  |                               |
| Exan               |  | ner or not you have filed a lawsu<br>isputes, insurance claims, or right      | uit or made a demand for payment<br>ts to sue            |                               |
| ■ No               | s. Describe each claim   |   |  |                               |
|                    |  |   |  |                               |
| 34. Other No       | r contingent and unliquidated  | claims of every nature, including   | ng counterclaims of the debtor and rights to             | o set off claims              |
| _                  | s. Describe each claim   |   |  |                               |
| 25 Apy f           | inancial assets you did not all  | roady list  |  |                               |
| ■ No               | inancial assets you did not all  | ready list  |  |                               |
|                    | s. Give specific information   |   |  |                               |
|                    |  |   |  |                               |
|                    |  | entries from Part 4, including a  | any entries for pages you have attached                  | \$2,876.00                    |
|                    |  |   |  |                               |
| Part 5: D          | escribe Any Business-Related Pro   | operty You Own or Have an Interest  | In. List any real estate in Part 1.                      |                               |
| 37. <b>Do yo</b> u | ı own or have any legal or equitab   | le interest in any business-related   | property?  |                               |
|                    | Go to Part 6.  |   |  |                               |
| ☐ Yes.             | Go to line 38.   |   |  |                               |
|                    |  |   |  |                               |
|                    | Describe Any Farm- and Commerci<br>you own or have an interest in farm   | ial Fishing-Related Property You Ovland, list it in Part 1.                   | wn or Have an Interest In.                               |                               |
| 46. <b>Do yo</b>   | ou own or have any legal or ec   | quitable interest in any farm- or   | commercial fishing-related property?                     |                               |
| ■ No               | o. Go to Part 7.   |   |  |                               |
| ☐ Ye               | es. Go to line 47.   |   |  |                               |
| Part 7:            | Describe All Property You Ow   | n or Have an Interest in That You D   | id Not List Above  |                               |
| Exan               | ou have other property of any nples: Season tickets, country cl  |   |  |                               |
| ■ No               | Observance of the body of the state of the s |   |  |                               |
| ⊔ Yes              | s. Give specific information   |   |  |                               |
| 54. <b>Add</b>     | I the dollar value of all of your  | entries from Part 7. Write that   | number here  | \$0.00                        |

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known)

Document Debtor 1 Joyce S Klinowski

| Part | 8: List the Totals of Each Part of this Form                 |            |                              |              |
|------|--|------------|------------------------------|--------------|
| 55.  | Part 1: Total real estate, line 2                            |            |                              | \$175,000.00 |
| 56.  | Part 2: Total vehicles, line 5                               | \$2,800.00 |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$1,150.00 |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$2,876.00 |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00     |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00     |                              |              |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00     |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$6,826.00 | Copy personal property total | \$6,826.00   |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |            |                              | \$181,826.00 |

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this info                       | rmation to identify your | case:             |             |  |
|---|--------------------------|-------------------|-------------|--|
| Debtor 1                                | Joyce S Klinows          | ki                |             |  |
|   | First Name               | Middle Name       | Last Name   |  |
| Debtor 2                                |                          |                   |             |  |
| (Spouse if, filing)                     | First Name               | Middle Name       | Last Name   |  |
| United States Bankruptcy Court for the: |                          | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number                             |                          |                   |             |  |
| (if known)                              |                          |                   |             |  |
|   |                          |                   |             |  |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the | Property | You Claim | as Exempt |
|---------|--------------|----------|-----------|-----------|
|---------|--------------|----------|-----------|-----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |  |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|--|
|  | Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |                                    |  |
| 237 Amberwood Ct. Bloomingdale, IL 60108 DuPage County                                 | \$175,000.00                         |                                   | \$15,000.00   | 735 ILCS 5/12-901                  |  |
| Purchased 1994 - \$117,000.00<br>Line from <i>Schedule A/B</i> : 1.1                   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 1998 Toyota Camry 211,000 miles Line from Schedule A/B: 3.1                            | \$2,800.00                           |                                   | \$2,400.00  | 735 ILCS 5/12-1001(c)              |  |
| Ellie IIIIII Schedule A.B. 3.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 1998 Toyota Camry 211,000 miles Line from Schedule A/B: 3.1                            | \$2,800.00                           |                                   | \$400.00  | 735 ILCS 5/12-1001(b)              |  |
| Ellie Holli Goricadie 24 B. G  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 5 Rooms of Furnishings Line from Schedule A/B: 6.1                                     | \$800.00                             |                                   | \$800.00  | 735 ILCS 5/12-1001(b)              |  |
| Ellie IIIIII Schedule A.B. G. I  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| General Clothing Line from Schedule A/B: 11.1  | \$350.00                             |                                   | \$350.00  | 735 ILCS 5/12-1001(a)              |  |
| Line noin Schedule A.B. 11.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |

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Case number (if known)

| <br>To you o ramonom  |                                      |        |   |                                    |
|---|--------------------------------------|--------|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|   | Copy the value from<br>Schedule A/B  | Che    | eck only one box for each exemption.                            |                                    |
| Cash Line from Schedule A/B: 16.1   | \$50.00                              |        | \$50.00   | 735 ILCS 5/12-1001(b)              |
| Line non schedule Add. 10.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: U.S. Bank Line from Schedule A/B: 17.1                                    | \$2,400.00                           |        | \$2,400.00  | 735 ILCS 5/12-1001(b)              |
| Line IIoni <i>Schedule AVB</i> . 17.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: Bloomingdale Bank Line from Schedule A/B: 17.2                            | \$126.00                             |        | \$126.00  | 735 ILCS 5/12-1001(b)              |
| Line IIoni <i>Schedule PVB</i> . 17.2   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| State Farm<br>Beneficiary: Nephew   | \$300.00                             |        | \$300.00  | 215 ILCS 5/238                     |
| Line from Schedule A/B: 31.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  |                                      |        | led on or after the date of adjustme                            | nt.)                               |
| ■ No  |                                      |        |   |                                    |
| ☐ Yes. Did you acquire the property cove  | red by the exemption wi              | thin 1 | ,215 days before you filed this case                            | ?                                  |
| □ No  |                                      |        |   |                                    |
| ☐ Yes   |                                      |        |   |                                    |

|   | Document I  | Page 18 of 61                   |                                |                   |  |
|---|---|---------------------------------|--------------------------------|-------------------|--|
| Fill in this information to identify you                        | ur case:  |                                 |                                |                   |  |
| Debtor 1 Joyce S Klinow   | veki  |                                 |                                |                   |  |
| First Name  |   | _ast Name                       |                                |                   |  |
| Debtor 2  |   |                                 |                                |                   |  |
| (Spouse if, filing) First Name                                  | Middle Name L                                     | _ast Name                       |                                |                   |  |
| United States Bankruptcy Court for the                          | : NORTHERN DISTRICT OF ILLIN                      | OIS                             |                                |                   |  |
| United States Bankruptcy Court for the                          | NORTHERN DISTRICT OF IEEIN                        | 013                             |                                |                   |  |
| Case number   |   |                                 |                                |                   |  |
| (if known)  |   |                                 | ☐ Checl                        | c if this is an   |  |
|   |   |                                 | amen                           | ded filing        |  |
|   |   |                                 |                                |                   |  |
| Official Form 106D  |   |                                 |                                |                   |  |
| Schedule D: Creditors   | Who Have Claims S                                 | ecured by Prop                  | ertv                           | 12/15             |  |
| Corrodato D. Greatters  | , tille Have claims c                             | course by 110p                  | <u> </u>                       | 12/10             |  |
| Be as complete and accurate as possible.                        |   |                                 |                                |                   |  |
| is needed, copy the Additional Page, fill it number (if known). | out, number the entries, and attach it to         | this form. On the top of any ac | dditional pages, write your na | ame and case      |  |
| Do any creditors have claims secured b                          | v vour property?                                  |                                 |                                |                   |  |
| <u> </u>  |   | hadulaa Vau haya nathina        | alaa ta ranart an thia farm    |                   |  |
| <u> </u>  | this form to the court with your other so         | medules. You have nothing       | eise to report on this form.   |                   |  |
| Yes. Fill in all of the information                             | below.  |                                 |                                |                   |  |
| Part 1: List All Secured Claims                                 |   |                                 |                                |                   |  |
| 2. List all secured claims. If a creditor has                   | more than one secured claim. list the credit      | or separately Column A          | Column B                       | Column C          |  |
| for each claim. If more than one creditor has                   | s a particular claim, list the other creditors in | Part 2. As Amount of cla        |                                | Unsecured         |  |
| much as possible, list the claims in alphabet                   | ical order according to the creditor's name.      | Do not deduct value of collate  |                                | portion<br>If any |  |
| 2.1 M&T Bank  | Describe the property that secures the            |                                 |                                | \$0.00            |  |
| Creditor's Name   | 237 Amberwood Ct. Blooming                        | dale.                           | <del></del>                    | -                 |  |
| Lending Services,   | IL 60108 DuPage County                            | ,                               |                                |                   |  |
| Customer Support  | Purchased 1994 - \$117,000.00                     |                                 |                                |                   |  |
| P.O. Box 1288   | As of the date you file, the claim is: Che        | eck all that                    |                                |                   |  |
| Buffalo, NY 14240-1288  | apply.  Contingent                                |                                 |                                |                   |  |
| Number, Street, City, State & Zip Code                          | ☐ Unliquidated                                    |                                 |                                |                   |  |
| Number, direct, only, diale & 21p dode                          | ☐ Disputed  |                                 |                                |                   |  |
| Who owes the debt? Check one.                                   | Nature of lien. Check all that apply.             |                                 |                                |                   |  |
| _   | ☐ An agreement you made (such as mo               | rtagae or secured               |                                |                   |  |
| Debtor 1 only   | car loan)   | rigage of secured               |                                |                   |  |
| Debtor 2 only   |   |                                 |                                |                   |  |
| Debtor 1 and Debtor 2 only                                      | ☐ Statutory lien (such as tax lien, mecha         | anic's lien)                    |                                |                   |  |
| At least one of the debtors and another                         | ☐ Judgment lien from a lawsuit                    | lortaga                         |                                |                   |  |
| ☐ Check if this claim relates to a community debt               | Other (including a right to offset)               | lortgage                        |                                |                   |  |
|   |   |                                 |                                |                   |  |
| Date debt was incurred 1994                                     | Last 4 digits of account number                   | 3188                            |                                |                   |  |
|   |   |                                 |                                |                   |  |
| Westwind Townhome   |   |                                 |                                |                   |  |
| Owners Association  | Describe the property that secures the            | claim: \$0.                     | .00 \$175,000.00               | \$0.00            |  |
| Creditor's Name   | 237 Amberwood Ct. Blooming                        | dale,                           |                                |                   |  |
| C/O Vista Property  | IL 60108 DuPage County                            |                                 |                                |                   |  |
| Management  | Purchased 1994 - \$117,000.00                     |                                 |                                |                   |  |
| 138 W. Home St.   | As of the date you file, the claim is: Che apply. | eck all that                    |                                |                   |  |
| Villa Park, IL 60181  | Contingent  |                                 |                                |                   |  |
| Number, Street, City, State & Zip Code                          | ☐ Unliquidated                                    |                                 |                                |                   |  |
|   | ☐ Disputed  |                                 |                                |                   |  |
| Who owes the debt? Check one.                                   | Nature of lien. Check all that apply.             |                                 |                                |                   |  |
| ■ Debtor 1 only   | An agreement you made (such as mo                 | rtgage or secured               |                                |                   |  |
| Debtor 2 only   | car loan)   |                                 |                                |                   |  |
| Debtor 1 and Debtor 2 only                                      | ☐ Statutory lien (such as tax lien, mecha         | anic's lien)                    |                                |                   |  |
| ☐ At least one of the debtors and another                       | ☐ Judgment lien from a lawsuit                    | •                               |                                |                   |  |
| ☐ Check if this claim relates to a                              | 5   | ownhome Owners Asso             | ociation                       |                   |  |
| community debt  |   |                                 |                                |                   |  |
| Date debt was incurred  | Last 4 digits of account number                   | •                               |                                |                   |  |
|   |   |                                 |                                |                   |  |

Official Form 106D

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| Add the do | Joyce S Kill      | Joyce S Klinowski Case       |                                    |             |   |  |
|------------|-------------------|------------------------------|------------------------------------|-------------|---|--|
|            | First Name        | Middle Name                  | Last Name                          |             |   |  |
|            |                   |                              |                                    |             |   |  |
|            |                   |                              |                                    |             |   |  |
|            |                   |                              |                                    |             |   |  |
| Add the    | dollar value of y | our entries in Column A on   | this page. Write that number here: | \$126,672.4 | 8 |  |
|            | the last page of  | your form, add the dollar va | lue totals from all pages.         | \$126,672.4 | 8 |  |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                         |   | Document   | Page 2          | 0 of 61  |  |   |  |  |
|-------------------------|---|--|-----------------|--|--|---|--|--|
| Fill in th              | is information to identify y  | our case:  |                 |  |  |   |  |  |
| Debtor 1                | Joyce S Klino   | wski   |                 |  |  |   |  |  |
|                         | First Name  | Middle Name  | Last Name       |  |  |   |  |  |
| Debtor 2<br>(Spouse if, | filing) First Name  | Middle Name  | Last Name       |  |  |   |  |  |
| United S                | tates Bankruptcy Court for th   | ne: NORTHERN DISTRICT OF IL  | LINOIS          |  |  |   |  |  |
| 0                       | h   |  |                 |  |  |   |  |  |
| Case nui                | mber  |  |                 |  | ☐ Check if this is an amended filing     |   |  |  |
|                         | I Form 106E/F   |  |                 |  |  |   |  |  |
| Sched                   | lule E/F: Creditors   | S Who Have Unsecured   | Claims          |  | 12/15                                    |   |  |  |
| Schedule<br>eft. Attach | D: Creditors Who Have Claims  | nexpired Leases (Official Form 106G). Is Secured by Property. If more space is spage. If you have no information to re   | needed, copy    | the Part you need, fill it out,                                      | number the entries in the boxes on th    |   |  |  |
|                         | ny creditors have priority unse   |  |                 |  |  | _ |  |  |
|                         | o. Go to Part 2.  | carsa samo agamer, you .   |                 |  |  |   |  |  |
| — N                     |   |  |                 |  |  |   |  |  |
| Part 2:                 | List All of Your NONPRIC  | ORITY Unsecured Claims   |                 |  |  |   |  |  |
| 4. List a               | es.  Ill of your nonpriority unsecureured claim, list the creditor sepa                 | this part. Submit this form to the court with  ed claims in the alphabetical order of the  trately for each claim. For each claim lister  aim, list the other creditors in Part 3.lf you | he creditor who | holds each claim. If a credit<br>ype of claim it is. Do not list cla | aims already included in Part 1. If more |   |  |  |
| Part 2                  |   | ,  |                 |  |  |   |  |  |
|                         |   |  |                 |  | Total claim                              |   |  |  |
|                         | Advocate Health Care  | Last 4 digits of acc   | count number    | 7037   | \$41.1                                   | 2 |  |  |
| F                       | Nonpriority Creditor's Name P.O. Box 3039   | When was the deb   | t incurred?     | 06/04/2017   |  |   |  |  |
| 1                       | Hinsdale, IL 60522-3039  Number Street City State Zlp Coo  Who incurred the debt? Check | •  | file, the claim | s: Check all that apply  |  |   |  |  |
| _                       | _   |  |                 |  |  |   |  |  |
|                         | Debtor 1 only   | ☐ Contingent   |                 |  |  |   |  |  |
|                         | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only  | ☐ Unliquidated   |                 |  |  |   |  |  |
| _                       | _   | T as ANNIPPIOPITY as a second state of   |                 |  |  |   |  |  |
| _                       | ☐ At least one of the debtors an☐ Check if this claim is for a                          |  |                 |  |  |   |  |  |
| c                       | ப Cneck if this claim is for a<br>lebt<br>s the claim subject to offset?                |  |                 | ration agreement or divorce th                                       | nat you did not                          |   |  |  |
| _                       | ■ No  |  |                 | g plans, and other similar deb                                       | ts                                       |   |  |  |
|                         | ⊒ <sub>Yes</sub>  |  | Medical Ex      | <b>01</b>  |  |   |  |  |
|                         | _ 103   | — Guior. Specify   | Auvocate C      | ood Samantan Hospi   | <u>lai</u>                               |   |  |  |

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Debtor 1 Joyce S Klinowski Case number (if know) 4.2 Amita Health Last 4 digits of account number 7711 \$41.12 Nonpriority Creditor's Name 417 Bridge St. #AP100019#001 When was the debt incurred? 02/04/2017 Danville, VA 24541-1403 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts **Medical Expenses** ☐ Yes Other Specify (Adventist Glenoaks Hospital) 4.3 AT&T Last 4 digits of account number 5149 \$48.16 Nonpriority Creditor's Name C/O Afni, Inc. When was the debt incurred? 1310 Martin Luther King Dr. P.O. Box 3517 **Bloomington, IL 61702-3517** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Cell Phone Service ☐ Yes 4.4 **Bank of America** Last 4 digits of account number 9641 \$3,017.20 Nonpriority Creditor's Name C/O Credit Control LLC When was the debt incurred? P.O. Box 51790 Livonia, MI 48151-5790 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Consumer Goods ☐ Yes

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Debtor 1 Joyce S Klinowski Case number (if know) 4.5 Capital One Bank USA, N.A. Last 4 digits of account number C551 \$4,226.00 Nonpriority Creditor's Name P.O. Box 85619 When was the debt incurred? Richmond, VA 23285-5619 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Consumer Goods - Charged Off ☐ Yes 4.6 Capital One Bank USA, N.A. Last 4 digits of account number 2610 \$3,919.70 Nonpriority Creditor's Name P.O. Box 30285 When was the debt incurred? Salt Lake City, UT 84130-0285 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No  $\Pi$  Yes **Consumer Goods** Other. Specify 4.7 Chase Bank USA, N.A. Last 4 digits of account number 4886 \$904.18 Nonpriority Creditor's Name C/O Client Services, Inc. When was the debt incurred? 3451 Harry S. Truman Blvd. Saint Charles, MO 63301-4047 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Consumer Goods

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Case number (if know)

| Citi Cards   | Last 4 digits of account number 1586  | \$2,002.23 |
|--|---|------------|
| Nonpriority Creditor's Name<br>Box 6500<br>Sioux Falls, SD 57117     | When was the debt incurred?   |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
| ■ Debtor 1 only  | ☐ Contingent  |            |
| Debtor 2 only  | □ Unliquidated  |            |
| Debtor 1 and Debtor 2 only   | □ Disputed  |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
| debt<br>Is the claim subject to offset?                              | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
| Yes  | Other. Specify Consumer Goods   |            |
| DuPage Emergency Physicians  | Last 4 digits of account number 2498  | \$43.84    |
| Nonpriority Creditor's Name P.O. Box 366 Hinsdale, IL 60522          | When was the debt incurred?   |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
| Debtor 1 only  | ☐ Contingent  |            |
| Debtor 2 only  | ☐ Unliquidated  |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
| debt<br>Is the claim subject to offset?                              | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |
| No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                            |            |
| ☐ Yes  | Medical Expenses - \$30.54 and \$13.30  |            |
| GE Money Bank - Lord & Taylor  | Last 4 digits of account number 3669  | \$3,999.51 |
| Nonpriority Creditor's Name  Attn: Bankruptcy Dept.                  | When was the debt incurred?   | Ψο,σσοιστ  |
| P.O. Box 103104<br>Roswell, GA 30076                                 |   |            |
| Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply   |            |
| Who incurred the debt? Check one.                                    |   |            |
| Debtor 1 only  | Contingent  |            |
| Debtor 2 only  | Unliquidated  |            |
| Debtor 1 and Debtor 2 only   | Disputed  |            |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community debt                        | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |            |
| Is the claim subject to offset?                                      | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts            |            |
| ■ No   |   |            |
| □Yes   | ■ Other. Specify Consumer Goods   |            |

Document Page 24 of 61 Debtor 1 Joyce S Klinowski Case number (if know) 4.1 Illinois Emerg Med Specialists LLC 0022 \$13.30 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 71402 When was the debt incurred? 02/04/2017 Chicago, IL 60694-1402 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Expenses ☐ Yes 4.1 9852 **Kohl's Department Store** \$3,280.00 Last 4 digits of account number 2 Nonpriority Creditor's Name P.O. Box 3115 When was the debt incurred? Milwaukee, WI 53201 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Consumer Goods - Charged Off ☐ Yes 4.1 Midland Credit Management, Inc. 9936 \$3,799,50 Last 4 digits of account number Nonpriority Creditor's Name 2365 Northside Dr., Suite 300 When was the debt incurred? San Diego, CA 92108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

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■ No

☐ Yes

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Consumer Goods -

Other. Specify CB / Carson's - Charged Off

Orig. Creditor - Comenity Bank -

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Case number (if know)

| Nordstrom  | Last 4 digits of account number 9981  | \$10,908.78 |
|--|---|-------------|
| Nonpriority Creditor's Name P.O. Box 6555 Engloyeed CO 20155                                     | When was the debt incurred?   |             |
| Englewood, CO 80155  Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |             |
| Who incurred the debt? Check one.  |   |             |
| Debtor 1 only  | ☐ Contingent  |             |
| Debtor 2 only  | ☐ Unliquidated  |             |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |             |
| At least one of the debtors and another  | Student loans   |             |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?                    | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
| ■ No   | Other. Specify  Consumer Goods  |             |
|  |   |             |
| Specialized Endodontic Solution  | Last 4 digits of account number XXXX  | \$175.00    |
| Nonpriority Creditor's Name C/O I C System Collections P.O. Box 64378                            | When was the debt incurred?   |             |
| Saint Paul, MN 55164-0378  |   |             |
| Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |             |
| Who incurred the debt? Check one.  | _   |             |
| Debtor 1 only  | Contingent  |             |
| Debtor 2 only  | Unliquidated  |             |
| Debtor 1 and Debtor 2 only   | Disputed  |             |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |             |
| ☐ Check if this claim is for a community debt  | <u> </u>  |             |
| Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
| ☐ Yes  | ■ Other. Specify Medical Expenses   |             |
| State Farm Bank  | Last 4 digits of account number 4613  | \$3,304.07  |
| Nonpriority Creditor's Name  | Last 4 digits of account number 4613  | ψ3,304.07   |
| C/O Andrews and Cox, P.C., d/b/a<br>Bleecker Brodey & Andrews<br>9247 N. Meridian St., Suite 101 | When was the debt incurred?   |             |
| Indianapolis, IN 46260  Number Street City State Zlp Code  Who incurred the debt? Check one.     | As of the date you file, the claim is: Check all that apply   |             |
| Debtor 1 only  | ☐ Contingent  |             |
| ☐ Debtor 2 only  | ☐ Unliquidated  |             |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |             |
| Check if this claim is for a community   | ☐ Student loans   |             |
| debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |             |
| □ ves  | Other Consumer Goods - Charged Off  |             |

Document Page 26 of 61 Case number (if know) Debtor 1 Joyce S Klinowski \$734.60 Synchrony Bank 5484 Last 4 digits of account number Nonpriority Creditor's Name C/O Meyer Njus Tanick, P.A. When was the debt incurred? 33 N. Dearborn St., Suite 1301 Chicago, IL 60602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Consumer Goods - Orig. Creditor - Lowe's ☐ Yes Other. Specify (Lawsuit) **University Head and Neck** 4.1 8019 \$371.57 Last 4 digits of account number 8 Associates Nonpriority Creditor's Name 75 Remittance Dr., Suite 1240 When was the debt incurred? 02/17 - 06/2017 Chicago, IL 60675-1240 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Expenses Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Alltran Financial, LP Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 610 Part 2: Creditors with Nonpriority Unsecured Claims Sauk Rapids, MN 56379-0610 Last 4 digits of account number 7421 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Blitt and Gaines, P.C. Line **4.5** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 661 Glenn Ave. Part 2: Creditors with Nonpriority Unsecured Claims Wheeling, IL 60090 Last 4 digits of account number C551 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? CB / Carson's Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 182789 Part 2: Creditors with Nonpriority Unsecured Claims Columbus, OH 43218

Last 4 digits of account number

XXXX

On which entry in Part 1 or Part 2 did you list the original creditor?

Name and Address LTD Financial Services, L.P.

Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

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Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Joyce S Klinowski

| 7322 So | uthwest  | Freeway, | Ste. | 1600 |
|---------|----------|----------|------|------|
| Houston | , TX 770 | 74-2053  |      |      |

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1863

Name and Address

MRS Associates of New Jersey 1930 Olney Ave. Cherry Hill, NJ 08003

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1817

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     | <br>            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>40,829.88 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>40,829.88 |

| Fill in this infor  | mation to identify your  | case:             |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1            | Joyce S Klinows          | ki                |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or   | company with<br>Name, Number | whom you have the street, City, State and ZIF | e contract or lease<br>Code | State what the contract or lease is for |
|-----|-------------|------------------------------|---|-----------------------------|---|
| 2.1 |             |                              |   |                             |   |
|     | Name        |                              |   |                             |   |
|     | Number      | Street                       |   |                             | _                                       |
|     | City        |                              | State   | ZIP Code                    | _                                       |
| 2.2 |             |                              |   |                             |   |
|     | Name        |                              |   |                             |   |
|     | Number      | Street                       |   |                             | <u> </u>                                |
|     | City        |                              | State   | ZIP Code                    | _                                       |
| 2.3 |             |                              |   |                             |   |
|     | Name        |                              |   |                             |   |
|     | Number      | Street                       |   |                             |   |
|     | City        |                              | State   | ZIP Code                    | <del>_</del>                            |
| 2.4 | <del></del> |                              |   |                             |   |
|     | Name        |                              |   |                             | _                                       |
|     | Number      | Street                       |   |                             | _                                       |
|     | City        |                              | State   | ZIP Code                    | _                                       |
| 2.5 |             |                              |   |                             |   |
|     | Name        |                              |   |                             | _                                       |
|     | Number      | Street                       |   |                             |   |
|     | City        |                              | State   | ZIP Code                    | <del>_</del>                            |

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|                              |   | DOGUITIE   | eni Paue 29 u             | и от                          |  |
|------------------------------|---|--|---------------------------|-------------------------------|--|
| Fill in this                 | information to identify your            |  |                           |                               |  |
| Debtor 1                     | Joyce S Klinows                         | ki   |                           |                               |  |
| <b>D</b> 14 0                | First Name                              | Middle Name  | Last Name                 |                               |  |
| Debtor 2<br>(Spouse if, fil  | ing) First Name                         | Middle Name  | Last Name                 |                               |  |
| United Sta                   | ates Bankruptcy Court for the:          | NORTHERN DISTRICT                                      | OF ILLINOIS               |                               |  |
| Case num                     | her                                     |  |                           |                               |  |
| (if known)                   |   |  |                           |                               | Check if this is an amended filing   |
| Officia                      | l Form 106H                             |  |                           |                               | •  |
|                              | lule H: Your Cod                        | lebtors  |                           |                               | 12/15  |
| Cadabtava                    | ara maanla ar antitiaa wha s            | un alaa liabla fan any dab                             | sto vev may have De e     | a complete and conve          | to an possible. If two morning   |
| people are<br>fill it out, a | filing together, both are equ           | ially responsible for supple boxes on the left. Attack | olying correct informati  | ion. If more space is ne      | te as possible. If two married eeded, copy the Additional Page, of any Additional Pages, write               |
| 1. Do                        | you have any codebtors? (If             | you are filing a joint case,                           | do not list either spouse | as a codebtor.                |  |
| ■ No                         |   |  |                           |                               |  |
| ☐ Ye                         | S                                       |  |                           |                               |  |
| 2. Wit                       | hin the last 8 years, have yo           | u lived in a community pr                              | operty state or territor  | <b>v?</b> (Community property | states and territories include   |
|                              | na, California, Idaho, Louisiana        |  |                           |                               |  |
| ■ No                         | . Go to line 3.                         |  |                           |                               |  |
| `                            | s. Did your spouse, former spo          | use, or legal equivalent live                          | e with you at the time?   |                               |  |
|                              |   |  |                           |                               |  |
| in line<br>Form              | 2 again as a codebtor only              | if that person is a guaran                             | tor or cosigner. Make     | sure you have listed th       | with you. List the person shown<br>e creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                              | Column 1: Your codebtor                 |  |                           | Column 2: The cree            | ditor to whom you owe the debt   |
|                              | Name, Number, Street, City, State and Z | IIP Code   |                           | Check all schedules           |  |
| 3.1                          |   |  |                           | ☐ Schedule D, line            | 1  |
|                              | Name                                    |  |                           | ☐ Schedule E/F, lii           |  |
|                              |   |  |                           | ☐ Schedule G, line            | ÷  |
|                              | Number Street                           | Otata  | 71D O - 4-                | _                             |  |
|                              | City                                    | State  | ZIP Code                  |                               |  |
| 3.2                          |   |  |                           | ☐ Schedule D, line            | 1  |
| <u> </u>                     | Name                                    |  |                           | _ □ Schedule E/F, lii         |  |
|                              |   |  |                           | ☐ Schedule G, line            |  |
|                              | Number Street                           |  |                           | _                             |  |
|                              | City                                    | State  | ZIP Code                  |                               |  |

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| Fill               | in this information to identify your ca  | ase:                         |   |                       |                         |   |                               |                             |                 |
|--------------------|--|------------------------------|---|-----------------------|-------------------------|---|-------------------------------|-----------------------------|-----------------|
|                    | btor 1 Joyce S Klir  |                              |   |                       |                         |   |                               |                             |                 |
|                    | btor 2  buse, if filing)   |                              |   |                       | _                       |   |                               |                             |                 |
| Uni                | ited States Bankruptcy Court for the   | : NORTHERN DISTRIC           | CT OF ILLINOIS                                |                       |                         |   |                               |                             |                 |
|                    | se number<br>nown)   |                              | -   |                       |                         | neck if this is:  An amende  A supplement   | d filing                      |                             | chapter         |
| 0                  | fficial Form 106I  |                              |   |                       |                         | MM / DD/ Y  |                               | . <b>J</b>                  |                 |
| S                  | chedule I: Your Inc  | ome                          |   |                       |                         |   |                               |                             | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment | are married and not filing w | ng jointly, and your sith you, do not include | spouse i<br>de inforr | s living w<br>nation ab | ith you, included in the second included in the second in | ude informa<br>ouse. If more  | ation about<br>e space is r | your<br>needed, |
| 1.                 | Fill in your employment information.   |                              | Debtor 1                                      | Debtor 1              |                         |   | Debtor 2 or non-filing spouse |                             |                 |
|                    | If you have more than one job, attach a separate page with information about additional  |                              | ☐ Employed                                    |                       |                         | ☐ Emplo   |                               | 3 1                         |                 |
|                    |  | Employment status            | ■ Not employed                                | ■ Not employed        |                         |   | mployed                       |                             |                 |
|                    | employers.   | Occupation                   |   |                       |                         |   |                               |                             |                 |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name              |   |                       |                         |   |                               |                             |                 |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address           |   |                       |                         |   |                               |                             |                 |
|                    |  | How long employed t          | here?   |                       |                         | _   |                               |                             |                 |
| Pai                | rt 2: Give Details About Mor   | nthly Income                 |   |                       |                         |   |                               |                             |                 |
|                    | mate monthly income as of the dause unless you are separated.  | ate you file this form. If   | you have nothing to re                        | eport for             | any line, w             | rite \$0 in the   | space. Inclu                  | ıde your nor                | n-filing        |
|                    | ou or your non-filing spouse have mo<br>e space, attach a separate sheet to  |                              | ombine the information                        | n for all e           | employers               | for that perso  | n on the line                 | s below. If y               | ou need         |
|                    |  |                              |   |                       | For I                   | Debtor 1  | For Debte                     |                             |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |                              |   | 2.                    | \$                      | 0.00  | \$                            | N/A                         |                 |
| 3.                 | Estimate and list monthly overt  | ime pay.                     |   | 3.                    | +\$                     | 0.00  | +\$                           | N/A                         |                 |
| 4.                 | Calculate gross Income. Add lin  | ne 2 + line 3.               |   | 4.                    | \$                      | 0.00  | \$                            | N/A_                        |                 |

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| Deb | tor 1         | Joyce S Klinowski  | -          | Case       | number (if know | n) |            |                                       |            |          |
|-----|---------------|--|------------|------------|-----------------|----|------------|---------------------------------------|------------|----------|
|     |               |  |            | For        | Debtor 1        |    |            | Debtor :                              |            |          |
|     | Сор           | y line 4 here  | 4.         | \$         | 0.0             | 00 | \$         | · · · · · · · · · · · · · · · · · · · | N/A        | _        |
| 5.  | List          | all payroll deductions:  |            |            |                 |    |            |                                       |            |          |
| ٥.  | 5a.           | Tax, Medicare, and Social Security deductions  | 5a.        | \$         | 0.0             | 'n | \$         |                                       | N/A        |          |
|     | 5b.           | Mandatory contributions for retirement plans   | 5b.        | \$_        | 0.0             |    | \$_        |                                       | N/A        | _        |
|     | 5c.           | Voluntary contributions for retirement plans   | 5c.        | \$_        | 0.0             |    | \$_        |                                       | N/A        | _        |
|     | 5d.           | Required repayments of retirement fund loans   | 5d.        | \$_        | 0.0             |    | \$_        |                                       | N/A        | -        |
|     | 5e.           | Insurance  | 5e.        | \$_        | 0.0             | _  | \$_        |                                       | N/A        | _        |
|     | 5f.           | Domestic support obligations   | 5f.        | \$_        | 0.0             | _  | \$_        |                                       | N/A        | _        |
|     | 5g.           | Union dues   | 5g.        | \$_        | 0.0             | _  | \$_        |                                       | N/A        | _        |
|     | 5h.           | Other deductions. Specify:   | 5h.⊣       |            | 0.0             | _  | + \$       |                                       | N/A        | _        |
| 6.  | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | —<br>6.    | \$         | 0.0             |    | \$         |                                       | N/A        | -        |
| 7.  | Cald          | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$         | 0.0             |    | \$         |                                       | N/A        | =        |
| 8.  |               | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |            | · <u> </u> |                 |    | · <u>—</u> |                                       |            | -        |
|     |               | monthly net income.  | 8a.        | \$         | 0.0             | 00 | \$         |                                       | N/A        |          |
|     | 8b.           | Interest and dividends   | 8b.        | \$         | 0.0             | 00 | \$         |                                       | N/A        | _        |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.        | \$         | 0.0             | 00 | \$         |                                       | N/A        |          |
|     | 8d.           | Unemployment compensation  | 8d.        | \$         | 0.0             | 00 | \$         |                                       | N/A        | _        |
|     | 8e.           | Social Security  | 8e.        | \$         | 2,348.0         | )3 | \$_        |                                       | N/A        | -        |
|     | 8f.<br>8g.    | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | 8f.<br>8g. | \$_<br>\$  | 0.0<br>0.0      |    | \$_<br>\$  |                                       | N/A<br>N/A | _        |
|     | 8h.           | Other monthly income. Specify:   | 8h.+       | · -        |                 |    | + \$       |                                       | N/A        | _        |
|     |               | · · · · · · · · · · · · · · · · · · ·  | _          | _          |                 |    | _          |                                       |            | -<br>¬   |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$         | 2,348.0         | )3 | \$_        |                                       | N/A        | A        |
| 10. | Cald          | culate monthly income. Add line 7 + line 9.  | 10. \$     |            | 2,348.03 +      | \$ |            | N/A                                   | = \$       | 2,348.03 |
|     | Add           | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |            |            | ,               |    |            |                                       |            |          |
| 11. | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:                              | depen      |            | •               |    | •          | Schedule<br>11.                       |            | 0.00     |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines   |            |            |                 |    |            | 12.                                   | \$         | 2,348.03 |
|     |               |  |            |            |                 |    |            |                                       |            | y income |
| 13. | Do y          | you expect an increase or decrease within the year after you file this form.  No.  Yes. Explain:   | ?          |            |                 |    |            |                                       |            |          |

Official Form 106I Schedule I: Your Income page 2

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|       | io thio info                                     | tion to identify—                  | )                                   |   |  |                 |                                    |                               |  |  |
|-------|--|------------------------------------|-------------------------------------|---|--|-----------------|------------------------------------|-------------------------------|--|--|
|       |  | tion to identify yo                | our case:                           |   |  |                 |                                    |                               |  |  |
| Deb   | tor 1  | Joyce S Klin                       | owski                               |   |  |                 | k if this is:<br>An amended filing |                               |  |  |
| Deb   | tor 2  |                                    |                                     |   |  | _               | ū                                  | ving postpetition chapter     |  |  |
| (Spc  | ouse, if filing)                                 |                                    |                                     |   |  | _ 1             | 13 expenses as of                  | the following date:           |  |  |
| Unite | ed States Bankr                                  | uptcy Court for the                | : NORTH                             | ERN DISTRICT OF ILLIN                                       | OIS                                      | MM / DD / YYYY  |                                    |                               |  |  |
|       | e number<br>nown)                                |                                    |                                     |   |  |                 |                                    |                               |  |  |
| Of    | ficial Fo  | rm 106J                            |                                     |   |  |                 |                                    |                               |  |  |
| Sc    | chedule  | J: Your                            | Exper                               | ises  |  |                 |                                    | 12/15                         |  |  |
| Be a  | as complete a<br>ormation. If m<br>nber (if know | and accurate as                    | possible<br>eded, atta<br>y questio | . If two married people ar<br>ch another sheet to this      |  |                 |                                    |                               |  |  |
| 1.    | Is this a join                                   |                                    |                                     |   |  |                 |                                    |                               |  |  |
|       | ■ No. Go to                                      |                                    | in a separ                          | ate household?  |  |                 |                                    |                               |  |  |
|       | □ No   |                                    | t file Offici                       | al Form 106J-2, <i>Expen</i> ses                            | for Separate House                       | ehold of Debto  | or 2.                              |                               |  |  |
| 2.    | Do you have                                      | e dependents?                      | ■ No                                |   |  |                 |                                    |                               |  |  |
|       | Do not list De<br>Debtor 2.                      | ebtor 1 and                        | ☐ Yes.                              | Fill out this information for each dependent                | Dependent's relati<br>Debtor 1 or Debtor |                 | Dependent's age                    | Does dependent live with you? |  |  |
|       | Do not state                                     | the                                |                                     |   |  |                 |                                    | □ No                          |  |  |
|       | dependents                                       | names.                             |                                     |   |  |                 |                                    | ☐ Yes                         |  |  |
|       |  |                                    |                                     |   |  |                 |                                    | □ No                          |  |  |
|       |  |                                    |                                     |   |  |                 |                                    | □ Yes                         |  |  |
|       |  |                                    |                                     |   |  |                 |                                    | □ No<br>□ Yes                 |  |  |
|       |  |                                    |                                     |   |  |                 |                                    | □ res<br>□ No                 |  |  |
|       |  |                                    |                                     |   |  |                 |                                    | ☐ Yes                         |  |  |
| 3.    |  | enses include                      |                                     | No  |  |                 |                                    |                               |  |  |
|       |  | f people other t<br>d your depende | han $_{oldsymbol{\sqcap}}$          | Yes   |  |                 |                                    |                               |  |  |
| Part  | 2: Estim   | ate Your Ongoi                     | na Month                            | v Evnenses  |  |                 |                                    |                               |  |  |
| Esti  | imate your ex                                    | penses as of ye                    | our bankr                           | uptcy filing date unless y<br>y is filed. If this is a supp |  |                 |                                    |                               |  |  |
| the   | value of such                                    | n assistance an                    | non-cash<br>d have ind              | government assistance it                                    | you know<br>Your Income                  |                 | V                                  |                               |  |  |
| (Off  | icial Form 10                                    | 61.)                               |                                     |   |  |                 | Your exp                           | enses                         |  |  |
| 4.    |  | r home owners                      |                                     | ses for your residence. In                                  | nclude first mortgage                    | 4. \$           |                                    | 1,134.05                      |  |  |
|       | If not includ                                    | ed in line 4:                      |                                     |   |  |                 |                                    |                               |  |  |
|       | 4a. Real e                                       | state taxes                        |                                     |   |  | 4a. \$          |                                    | 0.00                          |  |  |
|       | •  | rty, homeowner's                   |                                     |   |  | 4b. \$          |                                    | 0.00                          |  |  |
|       |  |                                    | •                                   | ıpkeep expenses   |  | 4c. \$          |                                    | 20.00                         |  |  |
| 5     |  | owner's associat                   |                                     | dominium dues<br>our residence, such as ho                  | mo oquity loons                          | 4d. \$<br>5. \$ |                                    | 155.00<br>0.00                |  |  |
| o.    | AUUHUUHALI                                       | nontuaue Davini                    | anta lor vo                         | zur residende, such as hol                                  | ne econy ioans                           | :D. 35          |                                    | () ()()                       |  |  |

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| Deb | tor 1  | Joyce S       | Klinowski  |  | Case num | ber (if known) |                               |
|-----|--------|---------------|--|--|----------|----------------|-------------------------------|
| 6.  | Utilit | ies:          |  |  |          |                |                               |
| ٠.  | 6a.    |               | heat, natural gas  |  | 6a.      | \$             | 100.00                        |
|     | 6b.    | -             | ver, garbage collection  |  | 6b.      | \$             | 40.00                         |
|     | 6c.    |               | e, cell phone, Internet, satellite, and                                  | cable services                         | 6c.      | \$             | 45.00                         |
|     | 6d.    | Other. Spe    |  |  | 6d.      |                | 0.00                          |
| 7.  | Food   | •             | ekeeping supplies  |  |          | \$             | 300.00                        |
| 8.  |        |               | hildren's education costs  |  | 8.       | \$             | 0.00                          |
| 9.  | Cloth  | hing, laund   | ry, and dry cleaning   |  | 9.       | \$             | 50.00                         |
| 10. | Pers   | onal care p   | roducts and services   |  | 10.      | \$             | 75.00                         |
|     |        | -             | ntal expenses  |  | 11.      | \$             | 30.00                         |
| 12. | Trans  | sportation.   | Include gas, maintenance, bus or to                                      | ain fare.                              |          | · —            | <del></del>                   |
|     |        |               | ar payments.   |  | 12.      | \$             | 150.00                        |
| 13. | Ente   | rtainment,    | clubs, recreation, newspapers, m   | agazines, and books                    | 13.      | \$             | 0.00                          |
| 14. | Char   | ritable cont  | ributions and religious donations  |  | 14.      | \$             | 0.00                          |
| 15. |        | rance.        |  |  |          |                |                               |
|     |        |               | surance deducted from your pay or  | included in lines 4 or 20.             |          |                |                               |
|     |        | Life insura   |  |  | 15a.     | ·              | 0.00                          |
|     | 15b.   | Health ins    | urance   |  | 15b.     |                | 0.00                          |
|     | 15c.   | Vehicle in:   | surance  |  | 15c.     | \$             | 74.00                         |
|     | 15d.   | Other insu    | rance. Specify:  |  | 15d.     | \$             | 0.00                          |
| 16. |        |               | clude taxes deducted from your pay                                       | or included in lines 4 or 20.          |          |                |                               |
|     | Spec   | ·             |  |  | 16.      | \$             | 0.00                          |
| 17. |        |               | ease payments:   |  | 4-       | •              |                               |
|     |        |               | ents for Vehicle 1   |  | 17a.     | ·              | 0.00                          |
|     |        |               | ents for Vehicle 2   |  | 17b.     | ·              | 0.00                          |
|     |        | Other. Spe    |  |  | 17c.     | ·              | 0.00                          |
|     |        | Other. Spe    |  |  | 17d.     | \$             | 0.00                          |
| 18. |        |               | of alimony, maintenance, and su  |  | 18.      | \$             | 0.00                          |
| 10  |        |               | your pay on line 5, Schedule I, Yo<br>s you make to support others who   |  | 10.      | Ψ              | 0.00                          |
| 19. | Spec   |               | s you make to support others who   | do not live with you.                  | 19.      | Ψ              | 0.00                          |
| 20  |        |               | erty expenses not included in line                                       | s 4 or 5 of this form or on School     |          | our Income     |                               |
| 20. |        |               | on other property  | 3 4 01 3 01 1113 101111 01 011 001/104 | 20a.     |                | 0.00                          |
|     |        | Real estat    |  |  | 20b.     |                | 0.00                          |
|     |        |               | nomeowner's, or renter's insurance                                       |  | 20c.     |                | 0.00                          |
|     |        |               | ce, repair, and upkeep expenses  |  | 20d.     | · -            | 0.00                          |
|     |        |               | er's association or condominium du                                       | 26                                     | 20e.     | ·              | 0.00                          |
| 21. |        | r: Specify:   | or o accordance or corract minare ac                                     | -                                      | 21.      | ·              | 0.00                          |
| ۷١. | Othe   | a. Specily.   |  |  |          | -Ψ             | 0.00                          |
| 22. | Calc   | ulate your    | nonthly expenses   |  |          |                |                               |
|     | 22a.   | Add lines 4   | through 21.  |  |          | \$             | 2,173.05                      |
|     | 22b.   | Copy line 2   | 2 (monthly expenses for Debtor 2), i                                     | f any, from Official Form 106J-2       |          | \$             |                               |
|     | 22c.   | Add line 22   | a and 22b. The result is your month                                      | lv expenses.                           |          | \$             | 2,173.05                      |
|     |        |               | •  | , . ,                                  |          |                |                               |
| 23. |        | •             | nonthly net income.  |  |          | •              |                               |
|     |        | . ,           | 12 (your combined monthly income)  |  | 23a.     |                | 2,348.03                      |
|     | 23b.   | Copy your     | monthly expenses from line 22c ab  | ove.                                   | 23b.     | -\$            | 2,173.05                      |
|     | 220    | Cubtroot      | our monthly own and as from your ma                                      | nthly income                           |          |                |                               |
|     | 23C.   |               | our monthly expenses from your mo<br>is your <i>monthly net income</i> . | nthly income.                          | 23c.     | \$             | 174.98                        |
|     |        | THE TOTAL     | .e jest monany not moomo.  |  |          |                |                               |
| 24. |        |               | an increase or decrease in your e  |  |          |                |                               |
|     | For ex | xample, do yo | u expect to finish paying for your car loan                              |  |          |                | ease or decrease because of a |
|     |        |               | terms of your mortgage?  |  |          |                |                               |
|     | ■ No   |               |  |  |          |                |                               |
|     | ☐ Ye   | es.           | Explain here:  |  |          |                |                               |

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| Fill in this info   | ormation to identify your                            | case:                    |                            |  |  |
|---------------------|--|--------------------------|----------------------------|--|--|
| Debtor 1            | Joyce S Klinowsk                                     |                          |                            |  |  |
| Dobtor 1            | First Name   | Middle Name              | Last Name                  |  |  |
| Debtor 2            |  |                          |                            |  |  |
| (Spouse if, filing) | First Name   | Middle Name              | Last Name                  |  |  |
| United States       | Bankruptcy Court for the:                            | NORTHERN DISTRICT        | OF ILLINOIS                |  |  |
| Case number         |  |                          |                            |  |  |
| (if known)          |  |                          |                            |  | Check if this is an                                  |
|                     |  |                          |                            |  | amended filing                                       |
|                     | <u>rm 106Dec</u><br>ation About a                    | ın Individual            | Debtor's Sc                | hedules  | 12/15  |
| ears, or both.      | . 18 U.S.C. §§ 152, 1341, 1<br>ign Below             |                          | ,                          | in fines up to \$250,000, or impri               | ·  |
| ا Did you           | pay or agree to pay some                             | one who is NOT an attor  | ney to help you fill out b | pankruptcy forms?                                |  |
| ■ No                |  |                          |                            |  |  |
| ☐ Yes.              | . Name of person                                     |                          |                            | Attach Bankruptcy Peti<br>Declaration, and Signa | ition Preparer's Notice,<br>ture (Official Form 119) |
|                     | nalty of perjury, I declare<br>are true and correct. | that I have read the sum | mary and schedules file    | d with this declaration and                      |  |
| X /s/ Jo            | oyce S Klinowski                                     |                          | x                          |  |  |
| Joyc                | e S Klinowski  |                          | Signature of               | Debtor 2   |  |
| Signa               | ture of Debtor 1                                     |                          |                            |  |  |
| Date                | April 27, 2018                                       |                          | Date                       |  |  |

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| Fill              | l in this info             | ormation to identify you  | r case:   |  |  |   |  |  |  |  |  |
|-------------------|----------------------------|---|---|--|--|---|--|--|--|--|--|
| De                | btor 1                     | Joyce S Klinow  | ski   |  |  |   |  |  |  |  |  |
|                   |                            | First Name  | Middle Name   | Last Name  |  |   |  |  |  |  |  |
|                   | btor 2<br>ouse if, filing) | First Name  | Middle Name   | Last Name  |  |   |  |  |  |  |  |
|                   |                            |   | NODTHEDN DIOTDIOT   | 05   |  |   |  |  |  |  |  |
| Un                | ited States                | Bankruptcy Court for the:   | NORTHERN DISTRICT   | OF ILLINOIS  |  |   |  |  |  |  |  |
|                   | se number                  |   |   |  |  | Check if this is an                             |  |  |  |  |  |
|                   |                            |   |   |  |  | amended filing                                  |  |  |  |  |  |
| St<br>Be a        | atemer                     | e and accurate as poss<br>more space is needed  | ible. If two married people<br>, attach a separate sheet to | duals Filing for E are filing together, both are this form. On the top of an                     | e equally responsible for su               |   |  |  |  |  |  |
|                   |                            | own). Answer every que<br>e Details About Your M  | stion.<br>arital Status and Where Yo                        | u Lived Before   |  |   |  |  |  |  |  |
| 1.                | What is ye                 | our current marital state   | us?   |  |  |   |  |  |  |  |  |
|                   | ☐ Marri                    | ed  |   |  |  |   |  |  |  |  |  |
|                   |                            | eu<br>narried   |   |  |  |   |  |  |  |  |  |
|                   |                            |   |   |  |  |   |  |  |  |  |  |
| 2.                | During th                  | During the last 3 years, have you lived anywhere other than where you live now?               |   |  |  |   |  |  |  |  |  |
|                   | No                         |   |   |  |  |   |  |  |  |  |  |
|                   | ☐ Yes.                     | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |   |  |  |   |  |  |  |  |  |
|                   | Debtor 1                   | Prior Address:  | Dates Debtor 1 lived there                                  | Debtor 2 Prior A   | ddress:                                    | Dates Debtor 2<br>lived there                   |  |  |  |  |  |
| <b>3.</b><br>stat |                            |   |   | gal equivalent in a commu<br>evada, New Mexico, Puerto F   |  |   |  |  |  |  |  |
|                   | _                          | •   | , , ,   |  |  | ,   |  |  |  |  |  |
|                   | ■ No □ Yes.                | Make sure you fill out <i>Sc</i>  | hedule H: Your Codebtors (C                                 | Official Form 106H).   |  |   |  |  |  |  |  |
| Pa                | rt 2 Exp                   | lain the Sources of You   | ır Income   |  |  |   |  |  |  |  |  |
| 4.                | Fill in the t              | otal amount of income yo  | ou received from all jobs and                               | ng a business during this y<br>all businesses, including par<br>ve together, list it only once u | t-time activities.                         | endar years?                                    |  |  |  |  |  |
|                   |                            |   | Debtor 1  |  | Debtor 2                                   |   |  |  |  |  |  |
|                   |                            |   | Sources of income<br>Check all that apply.                  | Gross income (before deductions and exclusions)  | Sources of income<br>Check all that apply. | Gross income (before deductions and exclusions) |  |  |  |  |  |
|                   |                            |   |   |  |  |   |  |  |  |  |  |

Case 18-12361 Doc 1 Filed 04/27/18 Entered 04/27/18 10:57:25 Desc Main Document Page 36 of 61 Case number (if known) Debtor 1 Joyce S Klinowski Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Social Security \$9,392.12 the date you filed for bankruptcy: **Benefits** For last calendar year: **Social Security** \$28,423.00 (January 1 to December 31, 2017) **Benefits** For the calendar year before that: **Social Security** \$19,858.00 (January 1 to December 31, 2016) **Benefits** Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

|    |  | During the                     | 90 days before you file                               | d for bankruptcy, did you p                             | oay any creditor a tota                         | al of \$6,425* or mo                        | re?  |      |
|----|--|--------------------------------|---|---|---|---|--|------|
|    |  | □ No.                          | Go to line 7.   |   |   |   |  |      |
|    |  | □ Yes                          | paid that creditor. Do                                | , ,   | domestic support obli                           | , ,   | ments and the total amount yould support and alimony. Also, o  |      |
|    |  | * Subject t                    | . ,   | 9 and every 3 years after                               | , ,   | n or after the date o                       | f adjustment.  |      |
|    | Yes.   |                                |   | ve primarily consumer dent de for bankruptcy, did you p |   | al of \$600 or more?                        | ,  |      |
|    |  | ■ No.                          | Go to line 7.   |   |   |   |  |      |
|    |  | ☐ Yes                          |   | domestic support obligatio                              |   |   | you paid that creditor. Do not<br>Also, do not include payments t  | o an |
|    | Creditor'                                    | s Name and                     | l Address   | Dates of payment  | Total amount                                    | Amount you                                  | Was this payment for   |      |
|    |  |                                |   | p   | paid  | still owe                                   | p  |      |
| 7. | Insiders in of which you a business alimony. | clude your re<br>ou are an off | elatives; any general pa<br>icer, director, person in | control, or owner of 20%                                | neral partners; partners or more of their votin | erships of which yo<br>g securities; and ar | was an insider? u are a general partner; corpora<br>ny managing agent, including o<br>s, such as child support and |      |
|    | ■ No □ Yes.                                  | List all paym                  | ents to an insider.                                   |   |   |   |  |      |
|    | Insider's                                    | Name and                       | Address   | Dates of payment  | Total amount paid                               | Amount you still owe                        | Reason for this payment  |      |
|    |  |                                |   |   |   |   |  |      |

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| 8.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited a insider?  Include payments on debts guaranteed or cosigned by an insider.  No  Yes. List all payments to an insider |                         |  |                 |                                |  |
|-----|---|-------------------------|--|-----------------|--------------------------------|--|
|     | Insider's Name and Address  | Dates of payment        | Total amount   | Amount yo       | u Reason for                   | this payment                                     |
|     | maider a Name and Address   | Dates of payment        | paid   | still ow        |                                |  |
| Par | t 4: Identify Legal Actions, Repossession   | s, and Foreclosures     |  |                 |                                |  |
| 9.  | Within 1 year before you filed for bankrupto<br>List all such matters, including personal injury<br>modifications, and contract disputes.   |                         |  |                 |                                |  |
|     | □ No  |                         |  |                 |                                |  |
|     | Yes. Fill in the details.   |                         |  |                 |                                |  |
|     | Case title Case number  | Nature of the case      | Court or agency  |                 | Status of the                  | e case   |
|     | SYNCHRONY BANK, PLAINTIFF,  | Small Claims            | DuPage County Judicial                                       |                 | ■ Pending                      |  |
|     | VS. JOYCE KLINOWSKI,<br>DEFENDANT.  | Complaint               | Center<br>505 N. County F                                    | arm Rd.         | ☐ On appe                      |  |
|     | 17 SC 5484  |                         | Wheaton, IL 60   |                 | ☐ Conclude                     | ed   |
|     | CAPITAL ONE BANK USA, N.A.,<br>PLAINTIFF, VS. JOYCE S.<br>KLINOWSKI, DEFENDANT<br>2018 SC 000551  | Complaint               | DuPage County<br>Center<br>505 N. County F<br>Wheaton, IL 60 | arm Rd.         | ■ Pending □ On appe □ Conclude |  |
|     | STATE FARM BANK, PLAINTIFF,<br>VS. JOYCE S. KLINOWSKI,<br>DEFENDANT.<br>17 SC 4613  | Complaint               | DuPage County<br>Center<br>505 N. County F<br>Wheaton, IL 60 | arm Rd.         | ■ Pending □ On appe □ Conclude |  |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address   |                         |  |                 | nished, attached               | , seized, or levied?<br>Value of the<br>property |
| 11  | Within 90 days before you filed for bankrup   |                         |  | ancial institut | ion set off any a              | mounts from your                                 |
| 11. | accounts or refuse to make a payment beca  No  Yes. Fill in the details.  |                         | uding a bank of fin  | anciai institui | ion, set on any a              | mounts nom your                                  |
|     | Creditor Name and Address   | Describe the action the | creditor took  |                 | ate action was                 | Amount   |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at No  Yes   |                         | erty in the possession                                       |                 |                                | fit of creditors, a                              |

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| Par | t 5: List Certain Gifts and Contributions   |   |   |                        |  |  |  |
|-----|---|---|---|------------------------|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ■ No □ Yes. Fill in the details for each gift.                      |   |   |                        |  |  |  |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts  | Dates you gave the gifts                | Value                  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:   |   |   |                        |  |  |  |
| 14. | Within 2 years before you filed for bankrupt  ■ No □ Yes. Fill in the details for each gift or cont   | cy, did you give any gifts or contributions with a tota<br>ribution.  | al value of more than S                 | 600 to any charity?    |  |  |  |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  | Describe what you contributed   | Dates you contributed                   | Value                  |  |  |  |
| Par |   |   |   |                        |  |  |  |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  ■ No □ Yes. Fill in the details. |   |   |                        |  |  |  |
|     | how the loss occurred   | escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property. | Date of your loss                       | Value of property lost |  |  |  |
| Par | t 7: List Certain Payments or Transfers   |   |   |                        |  |  |  |
| 16. | consulted about seeking bankruptcy or pre   | y, did you or anyone else acting on your behalf pay oparing a bankruptcy petition?  parers, or credit counseling agencies for services required         |   | ty to anyone you       |  |  |  |
|     | No No   |   |   |                        |  |  |  |
|     | Yes. Fill in the details.   |   |   |                        |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You   | Description and value of any property transferred   | Date payment<br>or transfer was<br>made | Amount of payment      |  |  |  |
|     | Kathleen Vaught, PC<br>600 W. Roosevelt Rd., Suite B-1<br>Wheaton, IL 60187<br>attykv@yahoo.com   | Attorney Fees   | 10/10/2017                              | \$2,000.00             |  |  |  |
|     | Kathleen Vaught, PC<br>600 W. Roosevelt Rd., Suite B-1<br>Wheaton, IL 60187<br>attykv@yahoo.com   | Filing Fee  | 10/10/2017                              | \$310.00               |  |  |  |

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Debtor 1 Joyce S Klinowski

| <ul> <li>Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone we promised to help you deal with your creditors or to make payments to your creditors?</li> <li>Do not include any payment or transfer that you listed on line 16.</li> </ul> No |  |  |                              |                 |   | rty to anyone who                             |  |
|---|--|--|------------------------------|-----------------|---|---|--|
|   | Yes. Fill in the details.  |  |                              |                 |   |   |  |
|   | Person Who Was Paid<br>Address   | Description and v  | value of any prop            | erty            | Date payment<br>or transfer was<br>made             | Amount of<br>payment                          |  |
| 18.   | Within 2 years before you filed for bankrupturansferred in the ordinary course of your burnclude both outright transfers and transfers mainclude gifts and transfers that you have alread  No Yes. Fill in the details.  | usiness or financial affa<br>ade as security (such as                  | airs?<br>the granting of a s |                 |   |   |  |
|   | Person Who Received Transfer Address   | Description and very property transfer                                 |                              |                 | any property or received or debts change            | Date transfer was made                        |  |
|   | Person's relationship to you   |  |                              |                 |   |   |  |
| 19.   | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No  Yes. Fill in the details.   |  |                              |                 |   |   |  |
|   | Name of trust  | Description and  | value of the prop            | erty transferre | ed  | Date Transfer was made                        |  |
|   |  |  |                              |                 |   |   |  |
| Par   | List of Certain Financial Accounts, Ins  | struments, Safe Deposi   | t Boxes, and Sto             | rage Units      |   |   |  |
| 20.   | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. |  |                              |                 |   |   |  |
|   | _ ''0  |  |                              |                 |   |   |  |
|   |  |  |                              |                 |   |   |  |
|   | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   | Last 4 digits of account number  | Type of accour instrument    | clo<br>mo       | te account was<br>sed, sold,<br>ved, or<br>nsferred | Last balance<br>before closing or<br>transfer |  |
| 21.   | Do you now have, or did you have within 1 y cash, or other valuables?  | ear before you filed for   | r bankruptcy, any            | / safe deposit  | box or other deposi                                 | itory for securities,                         |  |
|   | No No  |  |                              |                 |   |   |  |
|   | Yes. Fill in the details.  |  |                              |                 |   |   |  |
|   | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)          |                              | Describe the o  | contents  | Do you still have it?                         |  |
| 22.   | Have you stored property in a storage unit o   | or place other than you  | r home within 1 y            | ear before yo   | u filed for bankrupto                               | y?  |  |
|   | ■ No   |  |                              |                 |   |   |  |
|   | Yes. Fill in the details.  |  |                              |                 |   |   |  |
|   | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                              | Describe the o  | contents  | Do you still have it?                         |  |
|   |  | •  |                              |                 |   |   |  |

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| Pai | t 9: Identify Property You Hold or Control for S   | omeone Else  |         |                                     |                       |  |  |
|-----|--|--|---------|-------------------------------------|-----------------------|--|--|
| 23. | 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.   |  |         |                                     |                       |  |  |
|     | No Silver of the state of the s |  |         |                                     |                       |  |  |
|     | Yes. Fill in the details.  | When is the manualty?  | D-      | and the the comments                | Value                 |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)          | De      | scribe the property                 | Value                 |  |  |
| Pai | t 10: Give Details About Environmental Informat  | tion   |         |                                     |                       |  |  |
| For | the purpose of Part 10, the following definitions a  | pply:  |         |                                     |                       |  |  |
|     | Environmental law means any federal, state, or lotoxic substances, wastes, or material into the air regulations controlling the cleanup of these substances.   | , land, soil, surface water, grou  | _       | •                                   |                       |  |  |
|     | Site means any location, facility, or property as of to own, operate, or utilize it, including disposal s  | -  | ıl law, | whether you now own, operate, o     | or utilize it or used |  |  |
|     | Hazardous material means anything an environm hazardous material, pollutant, contaminant, or si  |  | us wa   | ste, hazardous substance, toxic s   | substance,            |  |  |
| Rep | ort all notices, releases, and proceedings that you  | u know about, regardless of wh   | en the  | ey occurred.                        |                       |  |  |
| 24. | Has any governmental unit notified you that you  | may be liable or potentially liab  | le und  | der or in violation of an environme | ental law?            |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |         |                                     |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State &<br>ZIP Code)         | and     | Environmental law, if you know it   | Date of notice        |  |  |
| 25. | Have you notified any governmental unit of any r   | release of hazardous material?   |         |                                     |                       |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |         |                                     |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State &<br>ZIP Code)         | and     | Environmental law, if you know it   | Date of notice        |  |  |
| 26. | Have you been a party in any judicial or administ  | rative proceeding under any en   | viron   | mental law? Include settlements a   | and orders.           |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |         |                                     |                       |  |  |
|     | Case Title Case Number   | Court or agency<br>Name<br>Address (Number, Street, City,<br>State and ZIP Code) | Na      | ture of the case                    | Status of the case    |  |  |
| Pai | t 11: Give Details About Your Business or Conn   | ections to Any Business  |         |                                     |                       |  |  |
| 27. | Within 4 years before you filed for bankruptcy, di   | id you own a business or have a  | any of  | f the following connections to any  | business?             |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  |  |         |                                     |                       |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |  |         |                                     |                       |  |  |
|     | ☐ A partner in a partnership   | · · · · · · · · · · · · · · · · · · ·  | - •     | •                                   |                       |  |  |
|     | ☐ An officer, director, or managing executive of a corporation   |  |         |                                     |                       |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |  |         |                                     |                       |  |  |

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|     | ■ No. None of the above applies. Go to Part 12.  |   |  |  |  |  |
|-----|--|---|--|--|--|--|
| 28. | Yes. Check all that apply above and fill in the details below for each business.   |   |  |  |  |  |
|     | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)   | Describe the nature of the business  Name of accountant or bookkeeper | Employer Identification number<br>Do not include Social Security number or ITIN.  Dates business existed |  |  |  |
|     | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |   |  |  |  |  |
|     | ■ No □ Yes. Fill in the details below.   |   |  |  |  |  |
|     | Name Address (Number Street City State and ZIP Code)   | Date Issued   |  |  |  |  |

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| Part 1  | 2: Sign Below                                |   |
|---------|--|---|
| are tru | e and correct. I understand that making a fa | ncial Affairs and any attachments, and I declare under penalty of perjury that the answers alse statement, concealing property, or obtaining money or property by fraud in connection 150,000, or imprisonment for up to 20 years, or both. |
| /s/ Jo  | yce S Klinowski                              |   |
| Joyce   | S Klinowski                                  | Signature of Debtor 2   |
| Signa   | ture of Debtor 1                             |   |
| Date    | April 27, 2018                               | Date  |
| Did you | u attach additional pages to Your Statemen   | t of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |
| ■ No    |  |   |
| ☐ Yes   |  |   |
| Did you | u pay or agree to pay someone who is not a   | n attorney to help you fill out bankruptcy forms?   |
| ■ No    |  |   |
| ☐ Yes   | Name of Person . Attach the Bankrupt         | cy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.</a>

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/Resources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$2,000.00 toward the flat fee, leaving a balance due of \$2,000.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: <u>April 27, 2018</u>            |                              |  |
|--|------------------------------|--|
| Signed:                                |                              |  |
| /s/ Joyce S Klinowski                  | /s/ Kathleen Vaught          |  |
| Joyce S Klinowski                      | Kathleen Vaught 2892790 - IL |  |
|  | Attorney for the Debtor(s)   |  |
| Debtor(s)                              |                              |  |
| Do not sign this agreement if the amou | nts are blank.               |  |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Northern District of Illinois

| In r | e Joyce S Klinowski  |   | Case No.                                 |                           |             |  |
|------|--|---|--|---------------------------|-------------|--|
|      |  | Debtor(s)   | Chapter                                  | 13                        |             |  |
|      | DISCLOSURE OF COMPE  | NSATION OF ATTOR  | RNEY FOR DE                              | CBTOR(S)                  |             |  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the fillibe rendered on behalf of the debtor(s) in contemplation   | ng of the petition in bankruptcy,                                     | or agreed to be paid                     | to me, for services rende | ered or to  |  |
|      |  |   |  | 4,000.00                  |             |  |
|      | Prior to the filing of this statement I have received  |   | \$                                       | 2,000.00                  |             |  |
|      | Balance Due  |   | \$                                       | 2,000.00                  |             |  |
| 2.   | The source of the compensation paid to me was:   |   |  |                           |             |  |
|      | ■ Debtor □ Other (specify):  |   |  |                           |             |  |
| 3.   | The source of compensation to be paid to me is:  |   |  |                           |             |  |
|      | ■ Debtor □ Other (specify):  |   |  |                           |             |  |
| 4.   | ■ I have not agreed to share the above-disclosed comp  | pensation with any other person                                       | unless they are mem                      | pers and associates of m  | y law firm. |  |
|      | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na   |   |  |                           | firm. A     |  |
| 5.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |   |  |                           |             |  |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rend</li> <li>b. Preparation and filing of any petition, schedules, star</li> <li>c. Representation of the debtor at the meeting of credit</li> <li>d. [Other provisions as needed]</li> <li>Relief from stay actions, lien avoidance</li> </ul> | tement of affairs and plan which<br>tors and confirmation hearing, an | may be required;<br>ad any adjourned hea | rings thereof;            |             |  |
| 5.   | By agreement with the debtor(s), the above-disclosed fe<br>Extended evidentiary hearings or appear   |   | service:                                 |                           |             |  |
|      |  | CERTIFICATION   |  |                           |             |  |
| this | I certify that the foregoing is a complete statement of an bankruptcy proceeding.  | ny agreement or arrangement for                                       | payment to me for re                     | epresentation of the debt | or(s) in    |  |
|      | April 27, 2018   | /s/ Kathleen Vaug   | jht                                      |                           |             |  |
|      | Date   | Kathleen Vaught   | 2892790 - IL                             |                           | _           |  |
|      |  | Signature of Attorne Kathleen Vaught,                                 |  |                           |             |  |
|      |  | 600 W. Roosevelt  | Rd., Suite B-1                           |                           |             |  |
|      |  | Wheaton, IL 6018<br>630-871-9100 Fa                                   |  |                           |             |  |
|      |  | attykv@yahoo.co   |  |                           |             |  |

Name of law firm

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### **B.** AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
    - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
      - Flat fee to guarantee attorney services and secure attorney availability for full length of Chapter 13 Plan as long as case is pending only; including, but not limited to, payment of fees and costs incurred pre-filing and pre-confirmation.
    - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account:

- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

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### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

| 1. Any attorney retained to represent a debtor in a Ch representing the debtor on all matters arising in the case For all of the services outlined above, the attorney will   | se unless otherwise ordered by the court.   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| In addition, the debtor will pay the filing fee in the case and other expenses of \$ 333.91   |   |  |  |  |  |  |
| 3. Before signing this agreement, the attorney receive  | d \$ 2000.00  |  |  |  |  |  |
| toward the flat fee, leaving a balance due of \$ 200  | 0.00; and $$10.00$ for expenses,  |  |  |  |  |  |
| leaving a balance due of \$23.91.   |   |  |  |  |  |  |
| 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.  Date: $ \frac{4}{\sqrt{25}} = \frac{4}{\sqrt{8}} $ |   |  |  |  |  |  |
| Signed:   |   |  |  |  |  |  |
| Joyce S. Klinowski  | Kullen augst  |  |  |  |  |  |
| Debtor(s) Attor   | ney for the Debtor(s)   |  |  |  |  |  |
| Do not sign this agreement if the amounts are blank.  | Kathleen Vaught, P.C.<br>Attorney at Law<br>600 W. Roosevelt Road, Suite B-1<br>Wheaton, IL 60187 |  |  |  |  |  |
|   | <u> </u>  |  |  |  |  |  |

### United States Bankruptcy Court Northern District of Illinois

| In re | Joyce S Klinowski   |   | Case No                 |   |  |
|-------|---|---|-------------------------|---|--|
|       |   | Debtor(s)                               | Chapter 13              | 3 |  |
|       | ***   |   |                         |   |  |
|       | VERIFICATION OF CREDITOR MATRIX   |   |                         |   |  |
|       |   | Number of                               | Number of Creditors: 25 |   |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |                         |   |  |
| Date: | April 27, 2018  | /s/ Joyce S Klinowski Joyce S Klinowski |                         |   |  |

Advocate Hesiasea 8-12361 Doc 1 P.O. Box 3039 Hinsdale, IL 60522-3039

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Eiled 24/27/18 Entered 04/27/18 10:57:25 Liz Des Goldin Solution C/O I C System Collections P.O. Box 64378 Saint Paul, MN 55164-0378

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State Farm Bank C/O Andrews and Cox, P.C., d/b/a Bleecker Brodey & Andrews 9247 N. Meridian St., Suite 101 Indianapolis, IN 46260

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